



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•WJDO95 17 1930

INSTALLATION ADDRESS

COLONIAL PRINTING INK COMPANY
180 EAST UNION AVENUE
EAST RUTHERFORD NJ 07073

180 EAST UNION AVENUE
EAST RUTHERFORD NJ 07073

I.D. OR OFFICIAL USE ONLY														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W	N	J	D	0	3	5	1	7	1	9	3	0	2	1

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 08 6 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2 23 - 26	32 U 1 0 7 23 - 26	33 U 1 5 9 23 - 26	34 U 2 2 0 23 - 26	35 U 2 3 9 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.


49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE (D001)
 ☐ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☒ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Nat Velardi-Vice President/ Technical Director	DATE SIGNED 8/11/80
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State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 028, Trenton, N.J. 08625

MARWAN M. SADAT, P.E.
DIRECTOR

18 MAY 1984

JOHN A. GILBERT
Revised Part A

CLINO F. PEREIRA, P.E.
DEPUTY DIRECTOR

5 10 22 AM '84

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Mr. Michael G. Nearing
Morgan, Lewis & Bockius
One Logan Square
Philadelphia, Pa. 19103

Re: Revised Part A Application and Compliance with
Financial Requirements under N.J.A.C. 7:26 - 9.10
and 7:26 - 9.13 for Colonial Printing Ink Corporation,
EPA ID No. NJD095171930, East Rutherford Borough
Bergen County

Dear Mr. Nearing:

The Bureau of Hazardous Waste Engineering (the Bureau) is in receipt of your submittal dated April 27, 1984 regarding the Colonial Printing Ink Corporation's (CPI) East Rutherford plant compliance with the New Jersey Hazardous Waste Management Regulations.

The Bureau has reviewed your explanation of the tanks which were listed as hazardous waste storage tanks in CPI's original Part A application and are no longer included in the revised Part A submittal.

According to New Jersey Hazardous Waste Management Regulations under N.J.A.C. 7:26 - 8.2(b), a hazardous waste which is generated in a product or a raw material storage tank, a product or raw material transport vehicle or vessel, a product or raw material pipeline, or in a manufacturing process unit or an associated non-waste-treatment-manufacturing unit, is not subject to regulation under N.J.A.C. 7:26 - 7.1 et seq. through 11.1 et seq. until it exits the unit in which it was generated, unless the hazardous waste remains in the unit more than 90 days after the unit ceases to be operated for manufacturing, or for storage or transportation of product or raw materials.

It is this Bureau's understanding, based on the aforementioned correspondence from the company, that the subject tanks (a pot washer unit) meet the above stated requirements of N.J.A.C. 7:26 - 8.2(b) and are therefore not subject to regulation as a hazardous waste TSD activity under N.J.A.C. 7:26 - 7.1 et seq. through 11.1 et seq. Consequently, the Bureau has no objection to the deletion of the S02 activity on the revised Part A application.

JUN 5 10 22 AM '84
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

APPENDIX A

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER NJDO95171930	
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;">JUN 3 1983 U.S. ENVIRONMENTAL PROTECTION AGENCY NEW YORK, N.Y. 10001</div> <p>PLEASE PLACE LABEL IN THIS SPACE</p>		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
III. NAME OF FACILITY					
1 SKIP Colonial Printing Ink, Corporation					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 Robin Miller Corrini T.R.C.			201 933 6100		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 180 East Union Avenue					
B. CITY OR TOWN				C. STATE	D. ZIP CODE
4 East Rutherford				NJ	07073
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 180 East Union Avenue					
B. COUNTY NAME					
C. CITY OR TOWN				D. STATE	E. ZIP CODE
6 East Rutherford				NJ	07073
F. COUNTY CODE (if known)					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	93	(specify)	Screen Printing Ink Manufacturing	7	(specify)
C. THIRD				D. FOURTH			
7				(specify)		7	(specify)

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?							
8	Colonial Printing Ink Corporation											<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)														D. PHONE (area code & no.)					
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)				P (specify)		201		933		6100					
E. STREET OR P.O. BOX																			
180 East Union Avenue																			
F. CITY OR TOWN														G. STATE		H. ZIP CODE		IX. INDIAN LAND	
East Rutherford										NJ		07073		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										Mill Exhaust (specify) NJDEP Bureau of Air Pollution Control									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										Dust Collector (specify) NJDEP Bureau of Air Pollution Control									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Screen Printing Ink Manufacturer

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
George Lambert - President					

COMMENTS FOR OFFICIAL USE ONLY

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Form Approved OMB No. 158-S80004

FOR OFFICIAL USE ONLY									
APPLICATION APPROVED			DATE RECEIVED (yr., mo., & day)						
	23		24	-					29

JUN 5 10 23 AM COMMENTS

ENVIRONMENTAL PROTECTION AGENCY

Place an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility.
Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY

FOR NEW FACILITIES. PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

☒ 1. FACILITY HAS INTERIM STATUS

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).

2. **UNIT OF MEASURE** – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Storage:</u>			<u>Treatment:</u>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
	S04	GALLONS OR LITERS	INCINERATOR		
<u>Disposal:</u>			<u>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</u>		
INJECTION WELL	D79	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE			UNIT OF MEASURE CODE		
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET.	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER.	F
CUBIC YARDS	Y	METRIC TONS PER HOUR.	W	ACRES.	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C			T/A			C									
DUP			1												
1			13 14 15												
LINE NUMBER	A. PROCESS CODE (from list above)		B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)		B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY
			1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)						1. AMOUNT		2. UNIT OF MEASURE (enter code)		
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
X-1	S	0	2	600		G		5							
X-2	T	0	3	20		E		6							
1	S	01		7500		G		7							
2								8							
3								9							
4								10							

Continued from the front.

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W N J D O 9 5 1 7 1 9 3 0										W DUP 2 DUP									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

EPA LISTING	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K 08 6	360,000	P	S 0 1	
2	D 00 8	2,000	P	S 0 1	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
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18					
19					
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21					
22					
23					
24					
25					
26					

JUN 5 10 3 AM '04
 ENVIRONMENTAL PROTECTION
 NEW YORK, N.Y. 10007

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

F	N	J	D	0	9	5	1	7	1	9	3	0	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	0	4	9	00	0
---	---	---	---	----	---

LONGITUDE (degrees, minutes, & seconds)

7	4	0	5	0	00
---	---	---	---	---	----

VIII. FACILITY OWNER
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

George Lambert - President

B. SIGNATURE

C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

George Lambert - President

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)

EPA I.D. No. NJD095171930

278.40'



CURBED HAZARDOUS
WASTE STORAGE

FENCE

RECEIVED
JUN 5 10 23 AM '84
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

BERRY'S
CREEK

PARKING

TRUCK
ENTRANCE

OFFICE
AND
LABORATORIES

WALK

LAWN

WALK

LAWN

373.0'

APPENDIX B

NEW YORK, N.Y. 10007
ENVIRONMENTAL PROTECTION
AGENCY
JUN 5 10 23 AM '84
RECEIVED

U.S. ENVIRONMENTAL PROTECTION AGENCY



GENERAL INFORMATION

Consolidated Permits Program
(Read the "General Instructions" before starting.)

A.I.D. NUMBER

F N J D 0 9 5 1 7 1 9 3 0

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

PLEASE PLACE LABEL IN THIS SPACE

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS

MARK 'X'

YES NO FORM ATTACHED

A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)

16 17 18

C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)

22 23 24

E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)

28 29 30

G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)

34 35 36

I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

40 41 42

SPECIFIC QUESTIONS

MARK 'X'

YES NO FORM ATTACHED

B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)

19 20 21

D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)

25 26 27

F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)

31 32 33

H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)

37 38 39

J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

43 44 45

III. NAME OF FACILITY

1 SKIP COLONIAL PRINTING INK COMPANY

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

2 MILLER, ROBIN COORDINATOR 201 933 6100

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 180 EAST UNION AVENUE

B. CITY OR TOWN

C. STATE

D. ZIP CODE

4 EAST RUTHERFORD NJ 07073

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 180 EAST UNION AVENUE

B. COUNTY NAME

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE (if known)

6 EAST RUTHERFORD NJ 07073

CONTINUED FROM THE FRONT

SIC CODES (4-digit, in order of priority)

A. FIRST 2 8 9 3 (specify) Screen Printing Ink Manufacturing										B. SECOND 7 (specify)									
C. THIRD (specify)										D. FOURTH 7 (specify)									

I. OPERATOR INFORMATION

A. NAME COLONIAL PRINTING INK COMPANY																									B. Is the name listed in Item VIII-A also the owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--	--

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P (specify)															D. PHONE (area code & no.) 2 0 1 9 3 3 6 1 0 0									
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--

E. STREET OR P.O. BOX 8 0 E A S T U N I O N A V E N U E																								
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

F. CITY OR TOWN E A S T R U T H E R F O R D															G. STATE N J					H. ZIP CODE 0 7 0 7 3					IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----------------	--	--	--	--	--------------------------	--	--	--	--	--	--	--	--	--

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) N															D. PSD (Air Emissions from Proposed Sources) 9 P														
B. UIC (Underground Injection of Fluids) U															E. OTHER (specify) M I L L E X H A U S T (specify) NJDEP Bureau of Air Pollution Control														
C. RCRA (Hazardous Wastes) R															E. OTHER (specify) D U S T C O L L E C T (specify) NJDEP Bureau of Air Pollution Control														

J. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

Screen Printing Ink Manufacturer

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) I. Gaines, President															B. SIGNATURE										C. DATE SIGNED									
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--------------	--	--	--	--	--	--	--	--	--	----------------	--	--	--	--	--	--	--	--	--

COMMENTS FOR OFFICIAL USE ONLY

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RCRA

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

71

YR. MO. DAY

8 73 74 75 76 77 78

☐ 2. NEW FACILITY (Complete item below.)

71

YR. MO. DAY

73 74 75 76 77 78

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	7500	G	7			
2				8			
3				9			
4				10			

PROCESS ES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

JUN 10 10 23 AM '84
NEW YORK, N.Y. 10007
NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
AGENCY PROTECTION

7. DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
POUNDS..... P
TONS..... T

METRIC UNIT OF MEASURE **CODE**
KILOGRAMS..... K
METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

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EPA ID: (enter from page 1)										W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26				
W N J D 0 9 5 1 7 1 9 3 0 1										W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26				
										DUP				
										DUP				

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
1	K 0 8 6	360,000	P	S	0	1									
2	D 0 0 8	2,000	P	S	0	1									
3															
4															
5															
6															
7															
8															
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22															
23															
24															
25															
26															

JUN 5 11 23 AM '84
 ENVIRONMENTAL PROTECTION
 NEW YORK, N.Y. 10007

DESCRIPTION OF HAZARDOUS WASTES (continued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

JUN 5 10 24 AM '94
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10001

EPA I.D. NO. (enter from page 1)

N	J	D	0	9	5	1	7	1	9	3	0	T/A/C	6
---	---	---	---	---	---	---	---	---	---	---	---	-------	---

FACILITY DRAWING

If existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

PHOTOGRAPHS

If existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	0	4	9	0	0	0
---	---	---	---	---	---	---

LONGITUDE (degrees, minutes, & seconds)

7	4	0	5	0	0	0
---	---	---	---	---	---	---

III. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

Millmaster Onyx Group, Inc.

212-687-2757

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

99 Park Avenue

G New York

NY

10016

X. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Irving Gaines

Y. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

George Lambert

2/4/1993

FACILITY DRAWING (see page 4)

EPA I.D. No. NJD095171930

278.40'



CURBED HAZARDOUS
WASTE STORAGE

FENCE

JUN 5 10 24 AM '84
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

BERRY'S
CREEK

PARKING

TRUCK
ENTRANCE

OFFICE
AND
LABORATORIES

WALK

LAWN

WALK

LAWN

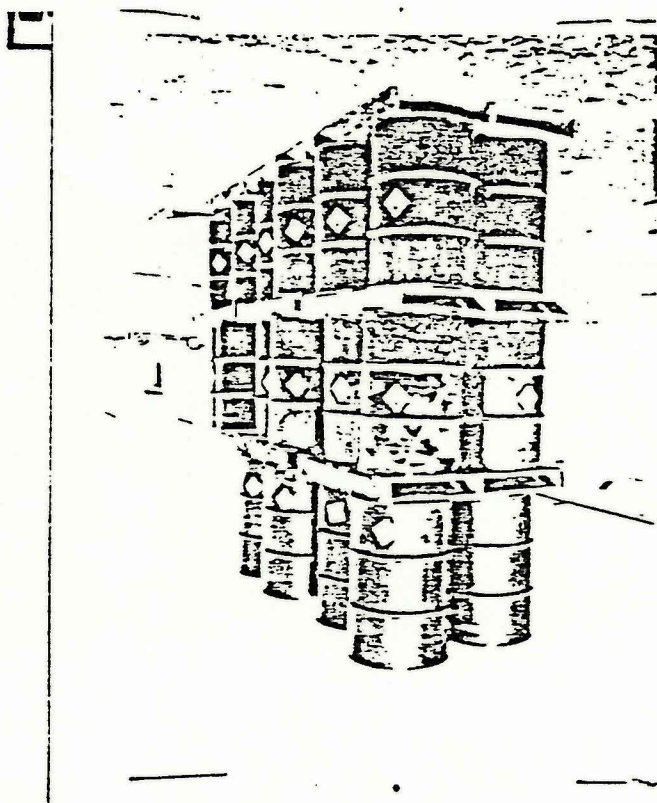
373.0'

Colonial Printing Ink Co.
Div. of Millmaster Onyx Group, Inc.
180 East Union Avenue
East Rutherford, NJ 07073

PERMITS AND LICENSES
DIVISION

JUN 5 10 24 AM '84

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007



NOTES:

The storage capacity was the largest possible amount of drums that could be stored in our hazardous waste storage area.

The estimated quantity of annual waste was determined as follows:

The operating record was reviewed for 1981 and 1982.

The waste manifested was added and divided by two to arrive at the annual waste shipped. Using two years gave a more complete picture of waste shipped and allowed for some yearly changes in business.

The figure was doublechecked and converted to pounds as follows:

K086 { Waste Compound averages 8#/gal.
Waste Inks averages 10#/gal. (Comprised of Waste Ink
and Liquid Hazardous
Waste NOS)

The Waste Compound manifested was added (gal.) and multiplied by eight to determine pounds manifested.

The Waste Inks were added (gal.) and multiplied by ten to determine pounds manifested.

These two figures were then added to determine total K086 in pounds manifested. The figure was increased somewhat to give room for change.

The K082 manifested is recorded in pounds, so the annual report was just reviewed and summed up.

JUN 5 1984
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10001

PERMITS DIVISION

JUN 5 10 24 AM '84

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

APPENDIX C

②

MORGAN, LEWIS & BOCKIUS

PHILADELPHIA
WASHINGTON
LOS ANGELES

COUNSELORS AT LAW
101 PARK AVENUE
NEW YORK, NEW YORK 10178

TELEPHONE: (212) 309-6000

CABLE ADDRESS: MORLEBOCK

TELEX: 64-5371

MIAMI
HARRISBURG
LONDON

NSD095171930

SANDOR GREEN

DIAL DIRECT (212) 309-6082

JAN 30 4 03 PM '84
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

January 30, 1984

United States Environmental
Protection Agency
Region Two
26 Federal Plaza
New York, New York 10007

Colonial Printing Ink Corporation

Dear Sirs:

Enclosed for your consideration please find a revised general information form (Form 1) and a revised hazardous waste permit application (Form 3) for the above named corporation.

Kindly acknowledge receipt of the respective enclosures by stamping and returning the copy of this letter in the enclosed envelope provided for that purpose.

Please do not hesitate to contact the undersigned if you have any questions or comments with respect to the enclosed documents.

Very truly yours,

Sandor A. Green

Sandor A. Green

Enclosures
SAG:rs1c

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND																			
C	7	2	8	93	(specify)	Screen Printing Ink Manufacturing					C	7				(specify)													
15	16	17	18	19											15	16	17	18	19										
C. THIRD										D. FOURTH																			
C	7				(specify)						C	7				(specify)													
15	16	17	18	19											15	16	17	18	19										

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?									
C	8	Colonial Printing Ink Corporation																							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16																								66									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																									D. PHONE (area code & no.)									
F = FEDERAL M = PUBLIC (other than federal or state) P (specify) S = STATE O = OTHER (specify)																									201 933 6100									
																									15 16 17 18 19 20 21 22 23 24 25									
E. STREET OR P.O. BOX																																		
180 East Union Avenue																																		
F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND									
C	B	East Rutherford													NJ					07073					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
15	16														40 41 42 43 44					45 46 47 48 49 50 51					52									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)																				
C	9	N								C	9	P																		
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24											
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)																				
C	9	U								C	9									(specify)	NJDEP Bureau of Air Pollution Control									
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24											
C. RCRA (Hazardous Wastes)										E. OTHER (specify)																				
C	9	R								C	9									(specify)	NJDEP Bureau of Air Pollution Control									
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24											

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Screen Printing Ink Manufacturer

JAN 30 4 03 PM '84
 ENVIRONMENTAL PROTECTION
 AGENCY
 NEW YORK, N.Y. 10007

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
George Lambert - President																														1/26/84									

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																								
C																								
15	16																							

RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	EPA I.D. NUMBER														
			S	N	J	D	O	0	5	1	7	1	9	3	0	T/A	C
			1	2												13	14

FOR OFFICIAL USE ONLY										COMMENTS
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					
<div><div>23</div><div>24</div><div>25</div><div>26</div><div>27</div><div>28</div><div>29</div></div>										

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)									
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)									
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)									
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)									
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN									
B. REVISED APPLICATION (place an "X" below and complete Item I above)									
<input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS									
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT									

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
	UNIT OF MEASURE CODE			UNIT OF MEASURE CODE	
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S										T/A										C																																																																																																																																																					
C										DUP										1																																																																																																																																																					
1										2										13										14										15																																																																																																																																	
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY																																																																																																																																																																
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)																																																																																																																																																																	
X-1	S 0 2	600	G		5																																																																																																																																																																				
X-2	T 0 3	20	E		6																																																																																																																																																																				
1	S 0 1	7500	G		7																																																																																																																																																																				
2					8																																																																																																																																																																				
3					9																																																																																																																																																																				
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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

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 AGENCY
 NEW YORK, N.Y. 10007

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
 POUNDS..... P
 TONS..... T

METRIC UNIT OF MEASURE CODE
 KILOGRAMS..... K
 METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completion if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
S													S															
W N J D O 9 5 1 7 1 9 3 0													W DUP															
T/A C 1													T/A C 2 DUP															
1 2 13 14 15													1 2 13 14 15 23 24 25 26															
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																												
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE			C. UNIT OF MEASURE (enter code)	D. PROCESSES																				
	23	24	25	26	27	28		29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	K	0	8	6			P	S	0	1																		
2	D	0	0	8			P	S	0	1																		
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

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 ENVIRONMENTAL PROTECTION
 AGENCY
 NEW YORK, N.Y. 10001
 REGIONAL OFFICE

EPA I.D. NO. (enter from page 1)											
N	J	D	0	9	5	1	7	1	9	3	0
											6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

40 49 00 0

LONGITUDE (degrees, minutes, & seconds)

74 05 00 0

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
3. STREET OR P.O. BOX				4. CITY OR TOWN		5. ST.	6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
George Lambert - President		1/26/84

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
George Lambert - President		1/26/84

V. FACILITY DRAWING (see page 4)

EPA I.D. No. NJD095171930

278.40'



CURBED HAZARDOUS
WASTE STORAGE

FENCE

BERRY'S CREEK

PARKING

TRUCK
ENTRANCE

OFFICE
AND
LABORATORIES

WALK

LAWN

WALK

LAWN

373.0'

FORM 1		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F N J D 0 9 5 1 7 1 9 3 0 </div>
GENERAL LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		<div style="border: 1px solid black; padding: 10px; min-height: 150px;"> PLEASE PLACE LABEL IN THIS SPACE </div>	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C 1	SKIP	COLONIAL PRINTING INK COMPANY
--------	------	-------------------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)			
C 2	MILLER ROBIN COORDINATOR	201	933	61	00

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
C 3	180 EAST UNION AVENUE		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C 4	EAST RUTHERFORD	NJ	07073

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
C 5	180 EAST UNION AVENUE				
B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
C 6		EAST RUTHERFORD	NJ	07073	

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	C			
S = STATE	O = OTHER (specify)			A	2 0 1	9 3 3	6 1 0 0
P = PRIVATE				15	16 - 18	19 - 21	22 - 28

F. CITY OR TOWN																G. STATE		H. ZIP CODE		IX. INDIAN LAND	
EAST RUTHERFORD																NJ		07073		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15	16											40	41	42	47	51					

X. EXISTING ENVIRONMENTAL PERMITS																													
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)																			
C	T	I													C	T	I												
9	N														9	P													
15	16	17	18											15	16	17	18												
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)																			
C	T	I													C	T	I												
9	U														9														
15	16	17	18											15	16	17	18												
C. RCRA (Hazardous Wastes)										E. OTHER (specify)																			
C	T	I													C	T	I												
9	R														9														
15	16	17	18											15	16	17	18												

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Screen Printing Ink Manufacturer

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Robert J. Milano, Chairman		11/9/82

COMMENTS FOR OFFICIAL USE ONLY

[illegible]

CONTINUE ON REVERSE

III. PROCESSES (continued)C. SPACE FOR ADDITIONAL PROCESSES
INCLUDE DESIGN CAPACITY

IS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04") FOR EACH PROCESS ENTERED HERE

V. DESCRIPTION OF HAZARDOUS WASTES

1. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

2. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

3. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
POUNDS P
TONS T

METRIC UNIT OF MEASURE **CODE**
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K 0 5 4	900	P	T 0 3 D 8 0	
2	D 0 0 2	400	P	T 0 3 D 8 0	
3	D 0 0 1	100	P	T 0 3 D 8 0	
4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
1 2 3 4 5 6 7 8 9 10 11 12 W N J D O 9 5 1 7 1 9 3 0													1 2 3 4 5 6 7 8 9 10 11 12 W DUP														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES																
	23	24	25	26	27	28	29	30	31	32	1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
1											27	28	29	30													
2																											
3																											
4																											
5																											
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25																											
26																											

V. DESCRIPTION OF HAZARDOUS

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

(continued)

JUN 2 9 18 AM '83
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

EPA I.D. NO. (enter from page 1)

N J D O 9 5 1 7 1 9 3 0 6

F. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

G. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

H. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

III. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

R.J.M. Chemicals, Inc.

2 1 2 - 6 8 7 - 2 7 5 7

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

99 PARK AVENUE

NEW YORK

N Y

1 0 0 1 6

X. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Robert J. Milano

Robert J. Milano

11/9/82

Y. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

George Lambert

George Lambert

10/30/82

V. FACILITY DRAWING (see page 4)

OK.

FORM 1	EPA	ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>S</td><td>F</td><td>N</td><td>J</td><td>D</td><td>0</td><td>9</td><td>5</td><td>1</td><td>7</td><td>1</td><td>9</td><td>3</td><td>0</td><td>3</td><td>D</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td></td> </tr> </table>	S	F	N	J	D	0	9	5	1	7	1	9	3	0	3	D	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
S	F	N	J	D	0	9	5	1	7	1	9	3	0	3	D																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																					
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	C O L O N I A L P R I N T I N G I N K C O M P A N Y
---	---	------	---

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
C	2	K. W I E C I N S K I, R O N A L D C O O R D I N A T O R	2	0	1	9	3
15	16		45	46	48	49	51

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX				B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	3	1 8 0 E A S T U N I O N A V E N U E		E A S T R U T H E R F O R D		N J	0 7 0 7 3
15	16					40	41

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
C	5	1 8 0 E A S T U N I O N A V E N U E		B E R G E N		E A S T R U T H E R F O R D	N J	0 7 0 7 3	
15	16						40	41	42

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	9	3	(specify)	Screen	
15	16	17	18	19		Printing Ink Manufacturing	
C. THIRD				D. FOURTH			
7				(specify)			
15	16	17	18	19			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?			
8	C.O.L.O.N.I.A.L. P.R.I.N.T.I.N.G. I.N.K. C.O.M.P.A.N.Y.											<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
15	16	17	18	19	20	21	22	23	24	25	26	27	28		
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)					
F = FEDERAL		M = PUBLIC (other than federal or state)		P = PRIVATE		O = OTHER (specify)		P		A		201 933 6100			
E. STREET OR P.O. BOX															
180 EAST UNION AVENUE															
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
EAST RUTHERFORD										NJ		07073		Is the facility located on Indian lands?	
														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
9	N					9	P				
15	16	17	18	19	20	21	22	23	24	25	26
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
9	U					9					(specify)
15	16	17	18	19	20	21	22	23	24	25	26
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
9	R					9					(specify)
15	16	17	18	19	20	21	22	23	24	25	26

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. *F9: A/50*

XII. NATURE OF BUSINESS (provide a brief description)

Screen Printing Ink Manufacturer

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
GEORGE LAMBERT PRES		<i>George Lambert</i>		11/12/1980	

COMMENTS FOR OFFICIAL USE ONLY

C																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)										I. EPA I.D. NUMBER									
FORM 3 RCRA										S F N J D 0 9 5 1 7 1 9 3 0 3 1									
FOR OFFICIAL USE ONLY																			
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					COMMENTS									
II. FIRST OR REVISED APPLICATION																			
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																			
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)										2. NEW FACILITY (Complete item below.)									
X 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)										FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN									
C YR. MO. DAY 8 6 3 9 1 9										C YR. MO. DAY 73 74 75 76 77 78									
B. REVISED APPLICATION (place an "X" below and complete Item I above)										2. FACILITY HAS A RCRA PERMIT									
1. FACILITY HAS INTERIM STATUS										72									
III. PROCESSES - CODES AND DESIGN CAPACITIES																			
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																			
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.																			
1. AMOUNT - Enter the amount.																			
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																			
PROCESS										PROCESS									
PRO-CESS CODE										PRO-CESS CODE									
APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY										APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY									
Storage:										Treatment:									
CONTAINER (barrel, drum, etc.) S01 GALLONS OR LITERS										TANK T01 GALLONS PER DAY OR LITERS PER DAY									
TANK S02 GALLONS OR LITERS										SURFACE IMPOUNDMENT T02 GALLONS PER DAY OR LITERS PER DAY									
WASTE PILE S03 CUBIC YARDS OR CUBIC METERS										INCINERATOR T03 TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR									
SURFACE IMPOUNDMENT S04 GALLONS OR LITERS										OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) T04 GALLONS PER DAY OR LITERS PER DAY									
Disposal:																			
INJECTION WELL D79 GALLONS OR LITERS																			
LANDFILL D80 ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER																			
LAND APPLICATION D81 ACRES OR HECTARES																			
OCEAN DISPOSAL D82 GALLONS PER DAY OR LITERS PER DAY																			
SURFACE IMPOUNDMENT D83 GALLONS OR LITERS																			
UNIT OF MEASURE CODE										UNIT OF MEASURE CODE									
GALLONS. G										LITERS PER DAY V									
LITERS. L										TONS PER HOUR D									
CUBIC YARDS. Y										METRIC TONS PER HOUR. W									
CUBIC METERS. C										GALLONS PER HOUR E									
GALLONS PER DAY U										LITERS PER HOUR H									
ACRE-FEET. A										HECTARE-METER. F									
HECTARE-METER. F										ACRES. B									
ACRES. B										HECTARES. Q									
HECTARES. Q																			
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																			
C DUP																			
B. PROCESS DESIGN CAPACITY																			
1. AMOUNT (specify)										2. UNIT OF MEASURE (enter code)									
FOR OFFICIAL USE ONLY										FOR OFFICIAL USE ONLY									
X-1 S 0 2 600 G										5									
X-2 T 0 3 20 E										6									
1 S 0 1 7500000 G										7									
2 S 0 2 600000 G										8									
3										9									
4										10									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04") FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
X-1	K	0	5	4	900	P	T	0	3	D	8	0		
X-2	D	0	0	2	400	P	T	0	3	D	8	0		
X-3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	D	0	0	2									included with above	

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																
W N J D 0 9 5 1 7 1 9 3 0 3 1													W DUP 3 2 DUP																
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES																
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
	23	24	25	26	27	28	29	30		31	32	33	34	35	36	37	38	39	40	41	42		43	44	45	46	47	48	49
1	K	0	8	6	352,750	00			P	S	0	1	S	0	2														
2																													
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25																													
26																													

V. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 1

EPA I.D. NO. (enter from page 1)												
N	J	D	0	9	5	1	7	1	9	3	0	T/A C
											36	

$$F6: \frac{A}{55}$$

$$F6: \frac{A}{56}$$

VI. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
4	0	4	9	0	0	0	7	4	0	5	0

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
Kewanee Industries, Inc.				201 - 933-6100			
3. STREET OR P.O. BOX		4. CITY OR TOWN		5. ST.		6. ZIP CODE	
180 East Union Avenue		East Rutherford		N J		07073	

X. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
IRVING GAIVES		11/13/80

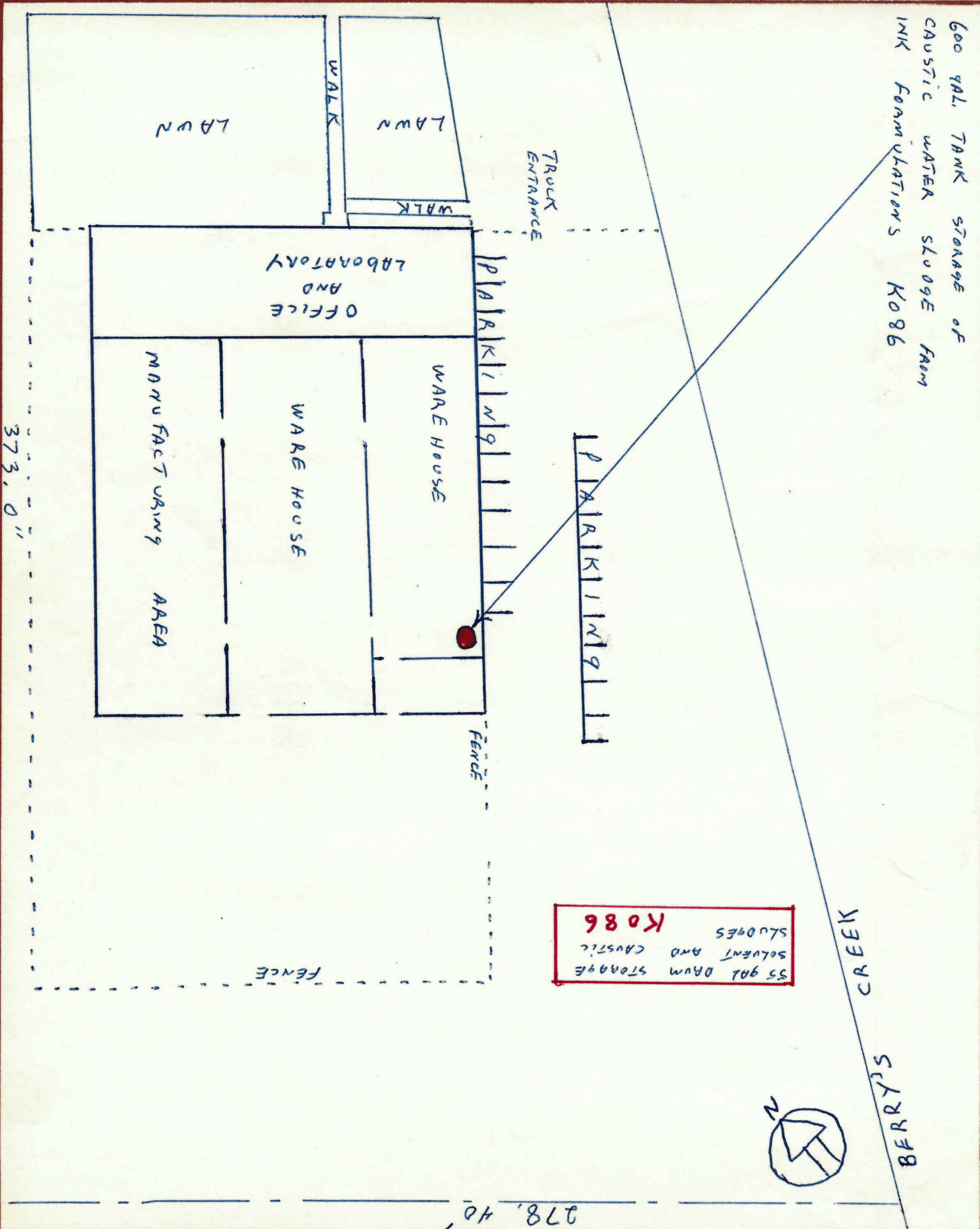
XI. OPERATOR CERTIFICATION

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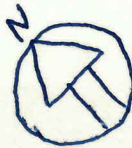
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
GEORGE LAMBERT PRES		11/12/1980

600 GAL. TANK STORAGE OF
CAUSTIC WATER SLOUGES FROM
INK FORMULATIONS K086

373.0"



55 GAL DRUM STORAGE
SOLVENT AND CAUSTIC
SLOUGES
K086



BERRY'S CREEK

278.40'

Handwritten: 44-8 - delivered on 12/29/83 @ 1:24 P.M.

Handwritten: V. Smith/Regan
PAB - John Hydock

PHILADELPHIA
WASHINGTON
LOS ANGELES

MORGAN, LEWIS & BOCKIUS

COUNSELORS AT LAW
101 PARK AVENUE
NEW YORK, NEW YORK 10178
TELEPHONE: (212) 309-6000
CABLE ADDRESS: MORLEBOCK
TELEX: 64-5371

MIAMI
HARRISBURG
LONDON

Handwritten: NLD095171930

December 29, 1983

United States Environmental
Protection Agency
Region Two
26 Federal Plaza
New York, New York 10007

Dear Sirs:

Enclosed please find for your consideration a
general information form (Form 1) and a revised hazardous
waste permit application (Form 3).

Thank you.

Sincerely,

Handwritten signature: Sandor A. Green

Sandor A. Green

Enclosure
SAG:RSLC
BY HAND

Vertical stamp: JAN 6 8 59 AM '84
NEW YORK, N.Y. 10007
ENVIRONMENTAL ACTION

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F N J D O 9 5 1 7 1 9 3 0	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP COLONIAL PRINTING INK CO.

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2		2 0 1	9 3 3 6 1 0 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN	C. STATE	D. ZIP CODE
3	180 EAST UNION AVENUE	4 EAST RUTHERFORD	N J	0 7 0 7 3

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	180 EAST UNION AVENUE	BERGEN		6 EAST RUTHERFORD	N J	0 7 0 7 3	003

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify)										(specify)									
7 2 8 9 3										7									
Screen Printing Ink										Manufacturing									
C. THIRD										D. FOURTH									
(specify)										(specify)									
7										7									

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?									
																									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
																									66									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																									D. PHONE (area code & no.)									
F = FEDERAL										M = PUBLIC (other than federal or state)										(specify)					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
S = STATE										O = OTHER (specify)															201 933 6100									
P = PRIVATE																																		
E. STREET OR P.O. BOX																																		
180 EAST UNION AVENUE																																		
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND				
BEAST RUTHERFORD																				NJ					07073					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
																														52				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															MILL EXHAUST (specify) NJDEP Bureau of Air Pollution Control														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															D.U.S.T. COLLECTOR (specify) NJDEP Bureau of Air Pollution Control														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Screen Printing Ink Manufacturer

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Robert B. Howie - President				12/23/83	

COMMENTS FOR OFFICIAL USE ONLY

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER F N J D O 9 5 1 7 1 9 3 0	
FOR OFFICIAL USE ONLY				COMMENTS	
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)			
23		24 - 29			
II. FIRST OR REVISED APPLICATION					
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.					
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)					
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)			<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)		
71			71		
C YR. MO. DAY 8 6 3 0 9 1 9 15 73 74 75 76 77 78			C YR. MO. DAY 73 74 75 76 77 78		
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)					
B. REVISED APPLICATION (place an "X" below and complete Item I above)					
<input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS			<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT		
72			72		
III. PROCESSES - CODES AND DESIGN CAPACITIES					
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).					
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.					
1. AMOUNT - Enter the amount.					
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.					
PROCESS		PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE
Storage:				Treatment:	
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS		TANK	T01
TANK	S02	GALLONS OR LITERS		SURFACE IMPOUNDMENT	T02
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		INCINERATOR	T03
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS		OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.					
S C T/A C 1 2 - 13 14 15 1 2 - 13 14 15					
B. PROCESS DESIGN CAPACITY					
A. PRO-CESS CODE (from list above)		1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)	
X-1 S 0 2		600		G	
X-2 T 0 3		20		E	
1 S 0 1		7500		G	
2					
3					
4					
16 - 18 19		27		28 29 - 32	
16 - 18 19		27		28 29 - 32	

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W N J D O 9 5 1 7 1 9 3 0													W DUP														
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15													1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES																	
	23	24	25	26	27	28	29	30		31	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
1	K	0	8	6	360,000				P	S	0	1															
2	D	0	0	8	2,000				P	S	0	1															
3																											
4																											
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25																											
26																											

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)														
F	N	J	D	0	9	5	1	7	1	9	3	0	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

40 49 00 0

LONGITUDE (degrees, minutes, & seconds)

74 05 00 0

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE			
F												G																			
16 17 18												19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00																			

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Robert B. Howie		12/23/83

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

V. FACILITY DRAWING (see page 4)

EPA I.D. No. NJD095171930

278.40'



CURBED HAZARDOUS
WASTE STORAGE

FENCE

BERRY'S
CREEK

PARKING

TRUCK
ENTRANCE

OFFICE
AND
LABORATORIES

WALK

LAWN

WALK

LAWN

373.0'



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

CERTIFIED MAIL

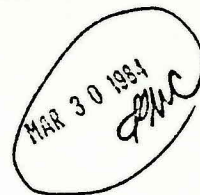
#P258 572 675

JACK STANTON
DIRECTOR

DIVISION OF WASTE MANAGEMENT
32 E. Hanover St., CN 028, Trenton, N.J. 08625

August 30, 1983

LINO F. PEREIRA
DEPUTY DIRECTOR



Robert E. Roller
Engineering and Environmental Affairs Department
Millmaster Onyx Group, Inc.
11 Summit Avenue
Berkeley Heights, New Jersey 07922

Dear Mr. Roller:

This letter is to serve notice that Millmaster Onyx Group, Inc. has established adequate financial assurance for closure, by means of a Trust Agreement, for the following New Jersey Interim Status Facilities:

Lyndal Chemical Company
Division of Millmaster Onyx Group, Inc.
624 Schuyler Avenue
Lyndhurst, New Jersey 07071
EPA ID NO. NJD000314682

Colonial Printing Ink Company
Division of Millmaster Onyx Group, Inc.
180 East Union Avenue
East Rutherford, New Jersey 07073
EPA ID NO. NJD095171930

Onyx Chemical Company
Division of Millmaster Onyx Group, Inc.
190 Warren Street
Jersey City, New Jersey 07302
EPA ID NO. NJD000314676

U. S. Printing Ink Corporation
Subsidiary of Millmaster Onyx Group, Inc.
343 Murray Hill Parkway
East Rutherford, New Jersey 07073
EPA ID NO. NJD095171948

JUN 5 10 05 AM '84
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Evidence of financial responsibility for claims arising from the operations of each such facility or group of facilities from sudden and non-sudden accidental occurrences that cause injury to persons or property is provided by a Liability Endorsement, which the amount of coverage for each facility is sufficient. However, according to N.J.A.C. 7:26-9.13(b), each endorsement for the above facilities must be attached to an originally signed duplicate of the insurance policy. Submittal of such shall be provided within thirty (30) days of receipt of this letter.

Robert E. Roller

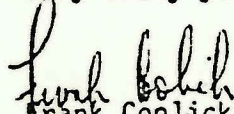
-2-

It is also noted that the above company names reflect sole ownership by Millmaster Onyx Group, Inc., not Millmaster Onyx Group-Kewanee Industries, Incorporated, as filed in November 1980 with the USEPA. It is the Department's understanding that Kewanee Industries, Incorporated, a wholly-owned subsidiary of Gulf Oil Corporation, had sold the assets for the above interim status facilities to RJM Chemicals, Inc. in December of 1982 for which the name was soon changed to Millmaster Onyx Group, Inc., by evidence of a "Restated Certificate of Incorporation" dated January 19, 1983. Copies of revised Part A's reflecting ownership change for each of the above referenced facilities (signed by Robert J. Milano, Chairman, November 9, 1982) are on file in this office.

In December, 1982, RJM Chemicals, Inc. (Millmaster Onyx Group, Inc.) also acquired an additional interim status facility, Copygraphics Company, EPA ID Number NJD094970878. A letter of February 1, 1983 from you stated that this company was sold to Synfax Manufacturing, Inc. on January 24, 1983. To this date, Synfax has not established financial assurances for closure and liability insurance. Therefore, in regard to the Trust Agreement established by R.J.M. Chemicals on December 7, 1982, which includes the Copygraphics location, the Department cannot notify the Trustee to remove Copygraphics from the Trust Agreement until Synfax has established a financial mechanism for closure.

If the preceding understandings by the Department are not entirely correct, or questions arise from this letter, feel free to contact Scott Baker of my staff at (609) 292-8504.

Very truly yours,



Frank Coolick, Chief
Bureau of Hazardous Waste Engineering

FC:SB:jb

c: Dennis Caputo, Regulatory Affairs Manager
Gulf Oil Chemicals Company

RECEIVED
JUN 5 10 25 AM '84
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

R. Baker



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT
32 E. Hanover St., CN 028, Trenton, N.J. 08625

DR. MARWAN M. SADAT, P.E.
DIRECTOR

LINO F. PEREIRA, P.E.
DEPUTY DIRECTOR

11 JUL 1984

DP
Hudson 7/24/85
DP

Robin Miller Corini
Technical Regulatory Coordinator
Colonial Printing Ink Corporation
140 East Union Avenue
East Rutherford, NJ 07073

RE: Hazardous Waste TSD Facility Operating Status of Colonial Printing
Ink Corporation, East Rutherford Borough, Bergen County, EPA ID NO.
NJDO95171930

Dear Ms. Corini:

The Bureau of Hazardous Waste Engineering (the Bureau) is in receipt of your letter dated June 15, 1984 requesting that the referenced facility be reclassified from a hazardous waste treatment, storage or disposal (TSD) facility to "generator only" status.

The Bureau has determined that the company's hazardous waste TSD facility as delineated in company's Part A application consists solely of S01 (containerized storage) with no other treatment, storage or disposal activities being performed at the site. Furthermore, as explained by you, it is the Bureau's understanding that the referenced facility accumulates on-site generated waste in containers only for periods of 90 days or less.

Therefore, on the basis of this information, the Bureau classifies the above referenced facility solely as a generator provided the following requirements of N.J.A.C. 7:26-9.3 and 40 CFR 262-34 are complied with:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.

11 JUL 1984

4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g).

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirements of N.J.A.C. 7:26-1 et seq. for "existing facilities". It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

The issuance of this delisting letter by the Department does not indicate, or imply, and should not be construed as a waiver of any requirements pursuant to the New Jersey Pollution Control Act, N.J.S.A. 58:10A-1 et seq. If your facility is in any of the regulated categories identified in the above cited regulations you are hereby directed to apply for any and all permits necessary within ninety (or 180 days - at the option of DWR) to the Bureau of Ground Water Discharge Permits, CN 029, Trenton, New Jersey 08625. Applications may be obtained by calling (609)292-0424.

If you have any questions on this matter, please feel free to contact Ali Chaudhry of my staff at (609)633-7714.

Very truly yours,

Ernest F. Kuhlwein Jr. for

Frank Coolick, Chief
Bureau of Hazardous Waste Engineering

EP11/slw

c: Angel Chang, USEPA
Dr. Richard Baker, USEPA
Robert Braster, DWM

